

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 1, 1989

ALL-COUNTY INFORMATION NOTICE NO. I-29-89

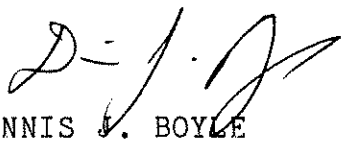
TO: ALL COUNTY WELFARE DIRECTORS
HOLDERS OF STATISTICAL REPORTS MANUAL

SUBJECT: FORM ABCD 350, RECIPIENT REPORT ON AFDC, SOCIAL
SERVICES, MEDI-CAL ONLY, AND NONASSISTANCE FOOD STAMP -
ETHNIC ORIGIN AND PRIMARY LANGUAGE

Form ABCD 350 is being revised to reflect current recipient ethnic origin and primary language as contained in the Bilingual Services Act, Government Code 7290. The following changes have been made:

- o The category Medi-Cal Only has been deleted.
- o Nonassistance food stamps has been added to Part A - Ethnic Origin.
- o GAIN has been added to Part A - Ethnic Origin and Part B - Primary Language.
- o In the category of languages, Japanese and Korean have been deleted as items and should now be included in the "Other Non-English" category and Vietnamese, Cambodian and Laotian have been added as new items.

A camera-ready copy of the revised form and instructions for the ABCD 350 are attached and should be used for the next report (April, 1989) due to State Department of Social Services (SDSS) June 15, 1989. These forms may be ordered through normal SDSS warehouse ordering procedures after July 1, 1989. If you have any questions, please contact Mr. Levy St. Mary of the Statistical Services Section at (916) 445-2135 or ATSS 485-2135.


DENNIS J. BOYLE
Deputy Director

Attachments

cc: CWDA

SEND ONE COPY TO:

Department of Social Services
Statistical Services
744 P Street, Mail Station 19-81
Sacramento, California 95814

ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES, NONASSISTANCE FOOD STAMPS, AND GAIN ETHNIC ORIGIN AND PRIMARY LANGUAGE

COUNTY

FOR THE MONTH OF

YEAR

APRIL

PART A. ETHNIC ORIGIN

CODE	ETHNIC ORIGIN	NUMBER OF CASES			
		AFDC (FG/U, FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	GAIN
1	White (not of Hispanic origin)				
2	Hispanic				
3	Black (not of Hispanic origin)				
4	Asian or Pacific Islander				
5	American Indian or Alaskan Native				
7	Filipino				
TOTAL ^{a/}					

PART B. PRIMARY LANGUAGE SPOKEN

ITEM	LANGUAGE	NUMBER OF CASES			
		AFDC (FG/U, FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	GAIN
1	English				
2	Spanish				
3	Vietnamese				
4	Cambodian				
5	Chinese				
6	Laotian				
7	Filipino (Tagalog)				
8	Other Non-English (<i>specify</i>)				
TOTAL ^{a/}					

REPORT PREPARED BY

TELEPHONE NUMBER

DATE

^{a/} Total AFDC cases must equal CA 237 FG/U, Item 8a and CA 237 FC, Item 8a. Total Nonassistance Food Stamp cases must equal DFA—256, Item 1a, Column (B). Total GAIN cases must equal GAIN 25, Item A, 6.

ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES,
GAIN, AND NONASSISTANCE FOOD STAMP - ETHNIC ORIGIN
AND PRIMARY LANGUAGE (FORM ABCD 350)
INSTRUCTIONS

CONTENT

This report provides annual data on ethnic origin and primary language on AFDC, Social Services, GAIN, and Nonassistance Food Stamp cases.

PURPOSE

The data collection is necessary for (1) identifying problems regarding delivery of equal services to recipients, (2) providing management with data needed for measuring the effects and accomplishments of County "Bilingual Services" Programs, and (3) measuring compliance with Division 21.

DISTRIBUTION

Data from this report will be compiled and released to program managers, Civil Rights Bureau, and other interested persons and agencies.

DUE DATE

The report is to be received in Sacramento as soon as possible after the last day of the month of April, but no later than 45 days following the report month.

Send reports to:

Department of Social Services
Statistical Services
744 P Street, Mail Station 19-84
Sacramento, CA 95814

When data are unavailable, or have not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data as soon as available.

ETHNIC ORIGIN DEFINITIONS

White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

ETHNIC ORIGIN DEFINITIONS (continued)

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.

Black (Not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander - All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement, Filipinos will be reported separately under the ethnic category, "Filipino".

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Filipino - Persons whose ancestry or ethnic origin is of the Philippine Islands.

ETHNIC ORIGIN AND PRIMARY LANGUAGE DATA COLLECTION PROCEDURE

Ethnic origin and primary language are to be determined by the applicant or recipient filling out the appropriate section of the application form. If the applicant or recipient does not provide the information, it is the responsibility of the welfare department to make a determination based on observation and to record the necessary data.

PART A ETHNIC ORIGIN (CASES)

Applicable only to AFDC, Social Services, NAFS and GAIN recipients. Applications not yet determined eligible during the report month are not to be reported.

For each ethnic category, in the applicable column, report the number of cases receiving AFDC, Social Services, NAFS or GAIN services.

AFDC

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

PART A ETHNIC ORIGIN (CASES) (continued)

Total case count for the AFDC (FG, U, FC) column must equal the total cases reported in Item 8a, Form CA237 FG/U and Item 8a, Form CA237 FC for the same report month.

SOCIAL SERVICES

The social services system consists of twenty-one (21) services programs. Eight (8) of these programs are mandated and thirteen (13) are optional based on local needs, priorities and resources. The eight mandated and thirteen optional social services are as follows:

Mandated Services

- Information and Referral
- Emergency Response
- Family Maintenance
- Family Reunification
- Permanent Placement
- Out-of-Home Care for Adults
- In-Home Supportive Services
- Protective Services for Adults

Optional Services

- Special Care for Children in Their Own Homes
- Home Management and Other Functional Educational Services
- Employment/Education Training
- Services for Children with Special Problems
- Services to Alleviate or Prevent Family Problems
- Sustenance
- Housing Referral Services
- Legal Referral Services
- Diagnostic Treatment Services for Children
- Special Services for the Blind
- Special Services for Adults
- Services for Disabled Individuals
- Services to County Jail Inmates

Report all cases who actually received one or more social services (in the report month) provided directly by the County Welfare Department. Do not include cases for which services are purchased from other organizations and facilities or for which only information and/or referral services are given.

PART A ETHNIC ORIGIN (CASES) (continued)

Report each case only once regardless of the number of different services provided during the report month. Cases reported can be from the same family budget unit; however, each case must have received a separate social service.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

For purposes of the ABCD 350 report, the total for Social Services should be a case count from all programs.

NAFS

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on Form DFA-256, Item 1a., Column (B) for the same report month.

GAIN

The total case count for the GAIN column must equal the total case count reported in Line A, 6 Form GAIN 25 for the same report month.

PART B PRIMARY LANGUAGE SPOKEN (CASES)

This part of the report applies to the primary language. A primary language is that language which must be used in order to effectively communicate. If the person can effectively communicate in English and another language, English should be noted as their primary language.

For the primary language spoken, in the applicable column, report the number of cases for each category.

Report only the recipient or head of household and not members of the recipient's or head of household's family.

Report only one primary language for each case.

Specify in a footnote, by language and number of cases, any entries in the Other Non-English columns.

Total case count for the AFDC (FG, U, FC) column must equal the total cases reported in Item 8a, Form CA237 FG/U and Item 8a, Form CA237 FC for the same report month.

PART B PRIMARY LANGUAGE SPOKEN (CASES) (continued)

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on Form DFA-256, Item 1a., Column (B) for the same report month.

Total case count for the GAIN column must equal the total case count reported in Line A, 6 Form GAIN 25 for the same report month.

FORM (ABCD 350)

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.